

Table 1 presents some comparisons for selected variables. The two sources of data match up very well for these variables, especially considering that there is 3 months' difference in the annual reporting periods. An examination of the death certificates filed with the Division of Health Services reveals 25,649 calendar year 1980 deaths to inpatients of the 132 North Carolina nonfederal general hospitals. But this figure does include about 450 newborn deaths and a few deaths in long-term care units of the general hospitals, which are not included in Table 1 and are not easily separated from the death certificate file. Thus the vital statistics file suggests that the hospital data are reasonably accurate for deaths. The reader may also note that about half of all 1980 North Carolina deaths occurred to inpatients of general hospitals.

Other more specific comparisons encountered in the course of responding to special requests emphasize the consistency between these two data bases. For example, the DFS data (with patient origin based on a 3-month sample) showed an estimate of 105 patients annually coming to Memorial Mission Hospital from Burke County, compared to 104 based on the 12 months of discharge data. DFS estimates 7,710 total 1980 discharges to Stanly County residents from all North Carolina general hospitals, compared to 7,879 derived from the discharge data. Normal newborns are excluded in both of these cases. It should be mentioned that for the discharge data county of residence is in most cases derived from zip code.

Another interesting comparison is between the 1980 discharge data and that collected in October 1978. Since the one month is only a sample of 1978 discharges, apparent trends from 1978 to 1980 should not be taken as definitive. Table 2 shows some comparisons between these two data sets. The two columns match up remarkably well, further validating the 1980 data and also indicating that the October sample probably represented the year 1978 rather well along these dimensions. The largest difference is the increase in the percent of patients with Medicare as the principal payment source from 24.0 in 1978 to 28.1 in 1980. But there has been a similar trend in the United States as a whole, with the percent Medicare increasing from 24.9 in 1977 to 27.0 in 1979 (3).

Comparisons of North Carolina to the United States

Since the 1980 hospital discharge data have been compiled, at least 50 reports have been produced tailored to individual requests. This is the first attempt to tabulate the information for a more general audience, and such an effort must necessarily be limited due the tremendous number of possible tabulations. Persons with a specific need for this type of information that is not addressed here are urged to contact the State Center for Health Statistics. The present section presents some comparisons of the state of North Carolina to the United States, and the next two sections examine discharge rates by county of residence for selected diagnoses and surgical procedures.

Table 3 compares 1980 North Carolina nonfederal general hospital inpatients to those 1980 patients in the United States with regard to selected demographic variables and payment source. These data are for all North Carolina general hospital inpatients, while the county data in Tables 6-9 are for Medicare and Medicaid inpatients only. The North Carolina numbers in Table 3 are for residents and have been appropriately adjusted to account for missing resident patients statewide, approximately 9 percent (including those going to out-of-state hospitals). The United States data are based on a sample of inpatient medical records from nonfederal short-stay hospitals collected through the National Hospital Discharge Survey (3,4), and are thus estimates subject to some sampling